UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

In re

: Chapter 11

LEHMAN BROTHERS HOLDINGS INC., et al.,

Debtors.

Case No.: 08-13555 (JMP)

(Jointly Administered)

NOTICE OF PARTIAL TRANSFER OF CLAIM OTHER THAN FOR SECURITY PURSUANT TO FRBP RULE 3001(e)(2)

1. TO: J.P. Morgan Securities Ltd.

125 London Wall London EC2Y 5A9 Attn: Michael Economos

2. Please take notice that \$279,162.80 of your claim against Lehman Brothers Holdings Inc., identified by CH0027121000 arising from and relating to Proof of Claim No. 49778 (attached as Exhibit A hereto), has been transferred to:

Silver Point Capital Offshore Master Fund, L.P. ("<u>Transferee</u>") c/o Silver Point Capital, L.P.
Two Greenwich Plaza, First Floor
Greenwich, CT 06830
Attn: David F. Steinmetz

An executed "Evidence of Transfer of Claim" is attached as <u>Exhibit B</u> hereto. All distributions and notices regarding the transferred portion of the claim should be sent to the Transferee at the above address, with a copy to:

Davis Polk & Wardwell LLP ("<u>Davis Polk</u>") 450 Lexington Avenue New York, NY 10017-3904 Fax: 212-701-5800

Attn: Xin Yu

3. No action is required if you do not object to the partial transfer of your claim. However, IF YOU OBJECT TO THE TRANSFER OF YOUR CLAIM, WITHIN 21 DAYS OF THE DATE OF MAILING OF THIS NOTICE, YOU MUST:

-- FILE A WRITTEN OBJECTION TO THE TRANSFER with:

United States Bankruptcy Court Southern District of New York Attn: Clerk of Court Alexander Hamilton Custom House One Bowling Green New York, NY 10004-1408

- -- SEND YOUR OBJECTION TO THE TRANSFEREE WITH A COPY TO DAVIS POLK.
- -- Refer to **INTERNAL CONTROL NO. CH0027121000** in your objection and any further correspondence related to this transfer.
- 4. If you file an objection, a hearing will be scheduled. IF YOUR OBJECTION IS NOT TIMELY FILED, THE TRANSFEREE WILL BE SUBSTITUTED FOR THE TRANSFEROR ON OUR RECORDS AS A CLAIMANT IN THIS PROCEEDING FOR THE TRANSFERRED PORTION OF THE CLAIM.

| CLERK | |
|--|--|
| FOR CLERK'S OFFICE USE ONLY: | |
| This notice was mailed to the Transferor, by first class mail, postage prepaid on, 2011. | |
| NTERNAL CONTROL NO. CH0027121000 | |
| Copy: (check) Claims Agent Transferee Debtors' Attorney | |
| Clerk of the Court | |

EXHIBIT A

| Name and address where payment should be sent (if different from above) Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Telephone number: Email Address: | Lehman Brother c/o Epiq Bankru FDR Station, P.O New York, NY | | essing Center | | CURITIES PROGRAMS OF OF CLAIM | |
|--|---|---|---|--|--|-------|
| Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on bittp://www.lehman-docket.com as of July 17, 2009 Name and address of Creditor; (and name and address where notices should be sent if different from Creditor) To MORAN Securities. The state of the Creditor of the Control o | Lehman Brother | rs Holdings Inc., et al., | Case No. 08-13555 (JMP) | | an Brothers Holdings Inc., Et Al. | |
| Creditor) SP MORAN SELECTION CONTROLL IN CONTROLL COMPONENTE ACTIONS C SPACELLY COMPONENTS C SPACELLY | based on Leh | ıman Programs Secur | rities as listed on | | 00-13333 (3MH) 0000043773 | |
| Telephone number: Low etgl Filed on: | Creditor) 39 M | MORGAN SECURITI | tes ctd | | | |
| Telephone number: Email Address: Name and address where payment should be sent (if different from above) Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement graparticulars. Provide the total amount of You claim shaedon. Ledman Programs Securities. Wour claim amounts must be the amount owed undervoired before the statement of the programs Securities as of September 15, 2008, whether you owned the claims amount must be testated in the state of the statement of the sta | | | | ٢ | | |
| Telephone number: Email Address: 1. Provide the total amount of your claim shared on. Lebman Programs Securities of word claim amount must be the amount of your claim. Attack copy of statement giving particulars. 1. Provide the total amount of your claim shared on. Lebman Programs Securities on September 15, 2008 or acquired them thereafter? 1. Provide the total amount of your claim shared on. Lebman Programs Securities on September 15, 2008 or acquired them the realter? 1. Provide the total amount of september 15, 2008, whether you owned the Lebman Programs Securities on September 15, 2008 or acquired them the realter? 1. Provide the cortiage rate or application of the provide of the provide of the claim amount must be stated in "United States." It was a secondary of the claim amount must be stated in "United States." It was a secondary of the claim amount short of the claim amount short or each Lebman Programs Security to which this claim relates. 1. Provide the International Securities of the claim should desinterest or other charges in addition to the principal amount due on the Ethman Programs Security to which this claim relates. 1. Provide the International Securities and the claim should be securities on the claim should be securities on the securities of the states. If you after filling settle which this claim relates. 1. International Securities Identification Number (ISIN): CHOO2+121 OOO (Required) 3. Provide the Clearstream Bank Blocking Number, a functional should be securities on your behalf). If you are filling this claim with respect to more than one Lehman Programs Security to which this claim relates. 1. Provide the Clearstream Bank Blocking Number, a functional should be should be securities on your behalf). If you are filling this claim with respect to more than one Lehman Programs Security to which this claim relates. 1. Provide the Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number. 1. Requ | Telephone numb | ber: Ei | Email Address: | ms 6 2 budechn. com | (| 2 |
| 1. Provide the total amount of yound claim based on Lehman Programs Securities on September 15, 2008, Whether you own dether by a difference of the Chaman Programs Securities on September 15, 2008 are aquired them thereafter, in and whether such claims matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States 1, 19, 19, 19, 19, 19, 19, 19, 19, 19, | Name and address | ss where payment should | | e pe | anyone else has filed a proof of claim relating to your claim. Attach copy of | |
| 1. Provide the total amount of yound claim based on Lehman Programs Securities on September 15, 2008, Whether you own dether by a difference of the Chaman Programs Securities on September 15, 2008 are aquired them thereafter, in and whether such claims matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States 1, 19, 19, 19, 19, 19, 19, 19, 19, 19, | Telephone numb | oer: E | imail Address: | eries de c | Address growing | |
| appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates. Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number: (Required) 4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers. Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: (Required) 5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions. Date. Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Phat Thurk August Augu | Programs Securities as of September 15, 2008; whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter; to and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States and whether such claims and whether such claims amount must be stated in United States. The claim amount must be stated in United States and whether such claims amount programs Security, and whether such claims amount programs Security to which this claim relates. Amount of Claim: Securities and the claims amount of Claims Securities and the claims and | | | | | |
| 4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers. Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: (Required) 5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions. Date. Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Ry Hamman - Mayana Hamanan - Office of Bank EPIQ BANKRUPTCY SOLUTIONS, LLC | appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates. Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference | | | | | |
| 4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers. Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: (Required) 5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions. Date. Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Rather - Musham Hamfa - Office of Semanal Programs Securities for which general account number related to your Lehman Programs Securities for which general account number from your account number if different from the notice address above. Attach copy of power of attorney, if any. Rather - Musham Hamfa - Office of Semanal Programs Securities for which general account number in the person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Rather - Musham Hamfa - Office of Semanal Programs Securities for which general account number related to your Lehman Programs Securities on your behalf). Beneficial holders should not provide their personal account number in the personal account number is deciral provided to the personal account num | humber. | 60546 | 37 | ·d) | | |
| 5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions. Date. Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. RTHERM - MUHAN HAMPA - OFFICE LOFBAM EPIQ BANKRUPTCY SOLUTIONS, LLC | 4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers. Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: | | | | | |
| consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions. Date. Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. RTATIONS HAWAY HAWAY - OFFICE LOFBWANKRUPTCY SOLUTIONS, LLC | 5 Consent to Et | uroclear Bank. Clearstr | · · · · · · · · · · · · · · · · · · · | · | FOR COURT USE ONLY | i |
| of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. RTATEMEN - MUHAN HAMEN - OFFICE LOFBUM EPIQ BANKRUPTCY SOLUTIONS, LLC | consent to, and ar disclose your idea | are deemed to have authori entity and holdings of Lehi | rized, Euroclear Bank, Clearstream Bar | nk or other depository to | FILED / RECEIVED | |
| 2009 THE DATE PURCH - MUSTA - OFFICE LOTERS | 23 0ct | of the creditor or other p number if different from | person authorized to file this claim and m the notice address above. Attach cop | d state address and telephone by of power of attorney, if | | : |
| Pondify for presenting transfulant claim: Fine of tin to \$500 000 or imprisonment for tin to 5 years, or both 1000 000 100 100 100 100 100 100 100 1 | | NIMIT | | | <u> </u> | ı |

EXHIBIT B

CH0027121000

AGREEMENT AND EVIDENCE OF TRANSFER OF CLAIM LEHMAN PROGRAM SECURITY

TO: THE DEBTOR AND THE BANKRUPTCY COURT

- For value received, the adequacy and sufficiency of which are hereby acknowledged, J.P. Morgan Securities Ltd. ("Seller") hereby unconditionally and irrevocably sells, transfers and assigns to Silver Point Capital Offshore Master Fund, L.P. (the "Purchaser"), and Purchaser hereby agrees to purchase, as of the date hereof, (a) an undivided interest, to the extent of the claim amount specified in Schedule 1 attached hereto (the "Purchased Claim"), in Seller's right, title and interest in and to Proof of Claim Number 49778 filed by or on behalf of ("Seller") (the "Proof of Claim") against Lehman Brothers Holdings, Inc., debtor in proceedings for reorganization (the "Proceedings") in the United States Bankruptcy Court for the Southern District of New York (the "Court"), administered under Case No. 08-13555 (JMP) (the "Debtor"), (b) all rights and benefits of Seller relating to the Purchased Claim, including without limitation (i) any right to receive cash, securities, instruments, interest, damages, penalties, fees or other property, which may be paid or distributed with respect to the Purchased Claim or with respect to any of the documents, agreements, bills and/or other documents (whether now existing or hereafter arising) which evidence, create and/or give rise to or affect in any material way the Purchased Claim, whether under a plan of reorganization or liquidation, pursuant to a liquidation, or otherwise, (ii) any actions, claims (including, without limitation, "claims" as defined in Section 101(5) of Title 11 of the United States Code (the "Bankruptcy Code")), rights or lawsuits of any nature whatsoever, whether against the Debtor or any other party, arising out of or in connection with the Purchased Claim, (iii) any rights and benefits arising out of or in connection with any exhibit, attachment and/or supporting documentation relating to the Purchased Claim, and (iv) any and all of Seller's right, title and interest in, to and under the transfer agreements, if any, under which Seller or any prior seller acquired the rights and obligations underlying or constituting a part of the Purchased Claim, but only to the extent related to the Purchased Claim, (c) any and all proceeds of any of the foregoing (collectively, as described in clauses (a), (b), and (c), the "Transferred Claims"), and (d) the security or securities (any such security, a "Purchased Security") relating to the Purchased Claim and specified in Schedule 1 attached hereto.
- 2. Seller hereby represents and warrants to Purchaser that: (a) the Proof of Claim was duly and timely filed on or before 5:00 p.m. (prevailing Eastern Time) on November 2, 2009 in accordance with the Court's order setting the deadline for filing proofs of claim in respect of "Lehman Program Securities"; (b) the Proof of Claim relates to one or more securities expressly identified on the list designated "Lehman Programs Securities" available on http://www.lehman-docket.com as of July 17, 2009; (c) Seller owns and has good and marketable title to the Transferred Claims, free and clear of any and all liens, claims, set-off rights, security interests, participations, or encumbrances created or incurred by Seller or against Seller; (d) Seller is duly authorized and empowered to execute and perform its obligations under this Agreement and Evidence of Transfer; (e) the Proof of Claim includes the Purchased Claim specified in Schedule 1 attached hereto; and (f) Seller has not engaged in any acts, conduct or omissions, or had any relationship with the Debtor or its affiliates, that will result in Purchaser receiving in respect of the Transferred Claims proportionately less payments or distributions or less favorable treatment than other unsecured creditors.
- Seller hereby waives any objection to the transfer of the Transferred Claims to Purchaser on the books and records of the Debtor and the Court, and hereby waives to the fullest extent permitted by law any notice or right to receive notice of a hearing pursuant to Rule 3001(e) of the Federal Rules of Bankruptcy Procedure, the Bankruptcy Code, applicable local bankruptcy rules or applicable law, and consents to the substitution of Seller by Purchaser for all purposes in the case, including, without limitation, for voting and distribution purposes with respect to the Transferred Claims. Purchaser agrees to file a notice of transfer with the Court pursuant to Federal Rule of Bankruptcy Procedure 3001(e) including this Agreement and Evidence of Transfer of Claim. Seller acknowledges and understands, and hereby stipulates, that an order of the Court may be entered without further notice to Seller transferring to Purchaser the Transferred Claims, recognizing Purchaser as the sole owner and holder of the Transferred Claims, and directing that all payments or distributions of money or property in respect of the Transferred Claim be delivered or made to Purchaser.
- 4. All representations, warranties, covenants and indemnities shall survive the execution, delivery and performance of this Agreement and Evidence of Transfer of Claim and the transactions described herein. Purchaser shall be entitled to transfer its rights hereunder without any notice to or the consent of Seller. Seller

hereby agrees to indemnify, defend and hold Purchaser, its successors and assigns and its officers, directors, employees, agents and controlling persons harmless from and against any and all losses, claims, damages, costs, expenses and liabilities, including, without limitation, reasonable attorneys' fees and expenses, which result from Seller's breach of its representations and warranties made herein.

- 5. Seller shall promptly (but in any event no later than three (3) business days) remit any payments, distributions or proceeds received by Seller in respect of the Transferred Claims to Purchaser. Seller has transferred, or shall transfer as soon as practicable after the date hereof, to Purchaser each Purchased Security to such account, via Euroclear or Clearstream (or similar transfer method), as Purchaser may designate in writing to Seller. This Agreement and Evidence of Transfer supplements and does not supersede any confirmation, any other automatically generated documentation or any applicable rules of Euroclear or Clearstream (or similar transfer method) with respect to the purchase and sale of the Purchased Security.
- 6. Each of Seller and Purchaser agrees to (a) execute and deliver, or cause to be executed and delivered, all such other and further agreements, documents and instruments and (b) take or cause to be taken all such other and further actions as the other party may reasonably request to effectuate the intent and purposes, and carry out the terms, of this Agreement and Evidence of Transfer, including, without limitation, cooperating to ensure the timely and accurate filing of any amendment to the Proof of Claim.
- 7. Seller's and Purchaser's rights and obligations hereunder shall be governed by and interpreted and determined in accordance with the laws of the State of New York (without regard to any conflicts of law provision that would require the application of the law of any other jurisdiction). Seller and Purchaser each submit to the jurisdiction of the courts located in the County of New York in the State of New York. Each party hereto consents to service of process by certified mail at its address listed on the signature page below.

IN WITNESS WHEREOF, this AGREEMENT AND EVIDENCE OF TRANSFER OF CLAIM is executed this 29 day of April 2011.

J.P. Morgan Securities Ltd.

By:___ Name:

Title:

Michael Economos Authorized Signatory

Address:

125 London Wall London EC2Y 5A9 SILVER POINT CAPITAL OFFSHORE MASTER

FUND, L.P

Name:

Title:

Silver Point Capital, L.P. 2 Greenwich Plaza Greenwich, CT 06830

SCHEDULE 1

Transferred Claims

Purchased Claim

70% of CH0027121000 = USD \$279,162.80 of USD \$398,804.00 (the outstanding amount of the Proof of Claim together with interest, fees, expenses and other recoveries due).

Lehman Programs Securities to which Transfer Relates

| | Pg 8 of 8 |
|---|--|
| Accrued Amount (as of Proof of Claim Filing Date) | N/A |
| Maturity | 08/20/2010 |
| Principal/Notional Amount | EUR 280,000 USD \$398,804.00 |
| Purchased Amount Principal/Notional Amount | USD \$279,162.80 |
| Guarantor | Lehman Brothers Holdings Inc. |
| Issuer | CH0027121000 Lehman Brothers Treasury Co. B.V. |
| ISIN/CUSIP | СН0027121000 |
| Description of Security ISIN/CUSIP | Lehman Brothers Treasurey Co. B.V. Issue of EUR 2,000,000 Capital Protected Certificates on Dow Jones EURO STOXX 50 under the Certificates Programme Unconditionally and Irrevocably Guaranteed by Lehman Brothers Holdings Inc. |